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Approved for use through 10/31/2002. OMB 0651-0032

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| | | | |
|-------------------------------------|---------------------|----------------|----------------------------|
| | Attorney Docket No. | 5017-5179 | First Inventor: Davey |
| AMENDMENT TRANSMITTAL LETTER | | Serial No. | 09/600,831 |
| Title: Treatment Method | | Filing Date | 7/21/2000 |
| | | Examiner | PIAZZA CORCORAN, Gladys J. |
| | | Group Art Unit | 1733 |

*DEC 03 2002
PATENT & TRADEMARK OFFICE
JC26*

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

Large Entity Status

Small Entity status of this application has been established under 37 CFR 1.27

The fee has been calculated and is transmitted as shown below.

| | | CLAIMS AS AMENDED—PART II | | | SMALL ENTITY | | OTHER THAN SMALL ENTITY | | |
|-----------|---|----------------------------------|-------|------------------------------------|---------------|------------------|-------------------------|------------------|----------------|
| | | (Column 1) | | (Column 2) | (Column 3) | RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | | | |
| | Total (37 CFR 1.16(c)) | *12 | Minus | **20 | =0 | x \$= | 0.00 | x \$_____= | 0.00 |
| | Independent (37 CFR 1.16(b)) | *4 | Minus | ***4 | =0 | x \$= | 0.00 | x \$_____= | 0.00 |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | x \$= | | + \$_____= | |
| | | | | | | TOTAL ADDIT. FEE | 0.00 | TOTAL ADDIT. FEE | 0.00 |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Petition of 1 month Extension of Time.

No additional fee is required for amendment.

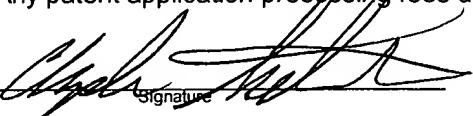
A check in the amount of the fee is enclosed.

The Commissioner has already been authorized to charge fees in this application to a Deposit Account. 20-0823.

The Commissioner is hereby authorized to charge any other fees which may be required, or credit any overpayment, to Deposit Account Number 20-0823. I have enclosed a duplicate copy of this sheet.

Any additional filing fees required under 37 C.F.R. 1.16.

Any patent application processing fees under 37 C.F.R. 1.17.



Date: November 27, 2002

Clyde L. Smith, Reg. No. 46,292

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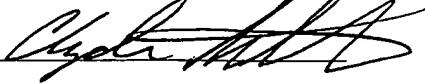
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CERTIFICATE OF MAILING (37 CFR 1.10)

Docket No.
5017-5179In Re Application Of:
DaveySerial No.
09/600,831Filing Date
July 21, 2000Examiner
PIAZZA CORCORAN, GladysGroup Art Unit
1733

Title:

TREATMENT METHOD

TO THE COMMISSIONER OF PATENTS AND TRADEMARKS

Transmitted herewith is:

- Transmittal Form for Request For Continued Examination
- Request For Continued Examination Transmittal
- Amendment
- Postcard
- A check in the amount of 370.00 is attached.

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Signature

Dated: November 27, 2002

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